								Application or Docket Number					
PATENT APPLICATION FEE DETERMINATION RECO							RD /						
Effective October 1, 2000								09681103					
CLAIMS AS FILED - PART I							SMALL ENTITY				OTHER THAN		
			(Column 1)		(Column 2)		TYPE	TYPE		OR SMALL ENTI		ENTITY	
TOTAL CLAIMS			20		0,		RA	RATE FEE]	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA		BASI	BASIC FEE 355.00		OR	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS			20 mir	us 20=	*		X\$	X\$ 9=		OR	X\$18=	:	
INDEPENDENT CLAIMS				nus 3 =			X4	X40=		OR	X80=		
MU	LTIPLE DEPEN	DENT CLAIM P	RESENT							OR	+270=		
* If the difference in column 1 is less than zero, enter "0						column 2	TO	ΓAL		OR	TOTAL		
CLAIMS AS AMENDED - PART II											OTHER	THAN	
(Column 1) (Column 2) (Column 3)						SMALL ENTITY			OR	SMALL			
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	IBER OUSLY	PRESENT EXTRA	RA	TE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=	X\$	9=		OR	X\$18=		
	Independent	*	Minus	***		=	X4	0=		OR	X80=		
	FIRST PRESE	NTATION OF M	JLTIPLE DEF	PENDEN	T CLAIM		+13	5-		OR	+270=		
							<u> </u>	OTAL			TOTAL		
(Column 1) (Column 2) (Column 3)								FEE		OR	ADDIT. FEE		
		(Column 1) CLAIMS		HIGH		(Column 3)	-		ADDI-			ADDI-	
AMENDMENT B		REMAINING AFTER AMENDMENT		PREVI	IBER OUSLY FOR	PRESENT EXTRA	RA	ΓE	TIONAL FEE		RATE	TIONAL FEE	
	Total	*	Minus	**		=	X\$	9=	1	OR	X\$18=		
	Independent	* NTATION OF MI	Minus	***	F.C.LAINA	=	X4)=	(13	OR	X80=		
<u> </u>	I ING! FRESE	INTATION OF MI	JEIII EE DEF	LINDEIN	CLAIN		+13	5=		OR	+270=		
							T(ADDIT.	OTAL FFF		OR	TOTAL ADDIT. FEE		
		(Column 1)		(Colu	mn 2)	(Column 3)	ADDIT.	,		-			
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI		PRESENT EXTRA	RA	ΓE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=	X\$	9=		OR	X\$18=		
	Independent	*	Minus	***		=	X40	<u></u>			X80=		
<u> </u>	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							<u></u>		OR	700=		
							+13	5=		OR	+270=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." TOTAL ADDIT. FEE ADDIT. FEE													
	The "Highest Nun	nber Previously Pa	id For" (Total o	r Independ	lent) is the	e highest number	found in t	he ap	propriate box	x in col	umn 1.		